

fax

TO: Federal Election Commission FROM: Michael Frank Short
FAX: 202 219 0174 PAGES: 3 including cover
PHONE: _____ DATE: [Pick the date] 10/28/10
RE: 24-hr filing CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Michael Frank Short		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 454 Comanche Trail		
(c) City, State and ZIP Code China Spring, Texas 76633		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer F.M. Short Co.		Occupation real estate

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ October 15 Quarterly Report☐ January 31 Year-End Report☒ 24-Hour Report☐ 48-Hour Reportb) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

OCT 01 2010

THROUGH

OCT 28 2010

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

9,402.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Michael Frank Short**10/28/10**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1 OF 1
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Michael Frank Short

Full Name (Last, First, Middle Initial) of Payee

Waco Tribune Herald

Date

10/27/2010

Mailing Address

900 Franklin Avenue

Amount

9,402.00

City

Waco

State

Texas

Zip Code

76710

Purpose of Expenditure

advertising - newspaper

Category/
Type

004

Office Sought:

☒ House

State: TX

☐ Senate

District: 17

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Flores

Calendar Year-To-Date Per Election
for Office Sought

9,402.00

Disbursement For:

☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

9,402.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

9,402.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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N/A
PREPARER

N/A
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